

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE	
						APPLICANT(S)		
CLAIMS								
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			
	IND	DEP	IND	DEP	IND	DEP		
1	1							
2	1							
3	2							
4	2							
5	2							
6	2							
7	2							
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TOTAL IND.	1							
TOTAL DEP.	26	→	→	→				
TOTAL CLAIMS	29	■	■	■	■	■	■	

  

CLAIMS					
	IND		DEP		
	IND	DEP	IND	DEP	
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TOTAL IND.					
TOTAL DEP.		→	→	→	
TOTAL CLAIMS		■	■	■	■